RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS
RETURN TO CD-ROM TABLE OF CONTENTS

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Field Service Procedure

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Installation of Divan Secondary Vacuum Relief Valve

RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS
RETURN TO CD-ROM TABLE OF CONTENTS

Installation of Divan Secondary Vacuum Relief Valve

Installation Procedure

Secondary Vacuum Relief Valve Installation:

1. Cycle power, then perform a Divan power up self-test. Verify the leak rate is ≤ 100 mL/min.
2. Turn the System Power switch to STANDBY.
3. Remove the 22mm hose from the Divan's breathing bag port.
4. Remove the fresh gas hose from the Breasy, and remove the canister.
5. Locate the gas channel block (see Figure 1) and remove the four Phillips screws securing the gas channel block to the Breasy.

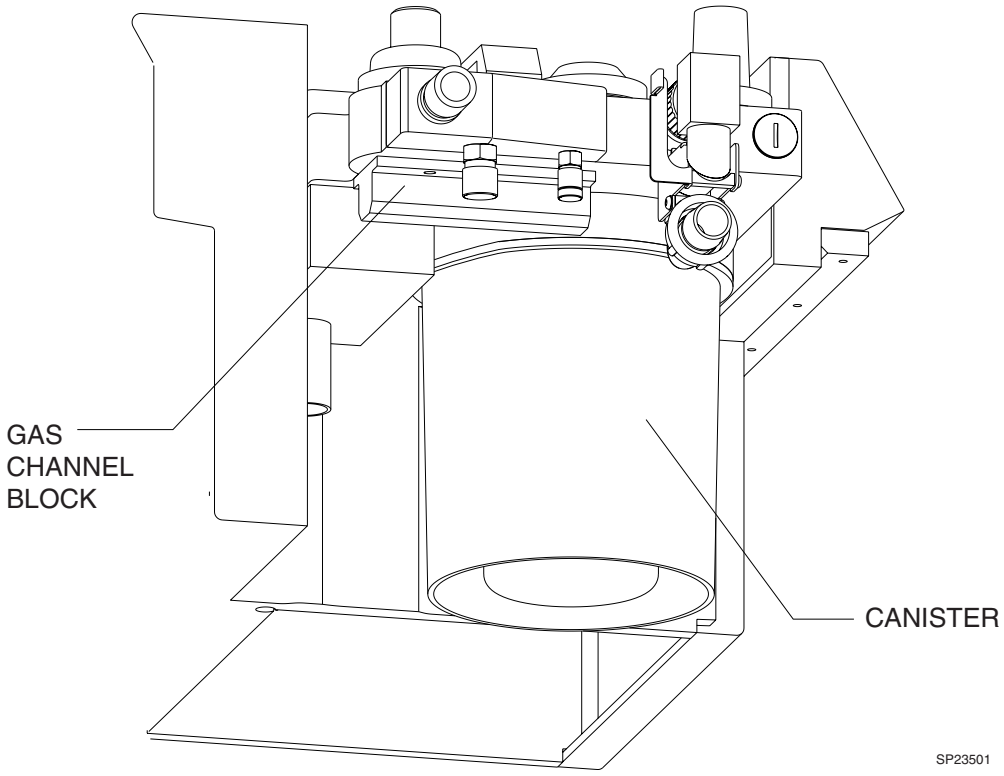

FIGURE 1. Gas Channel Block Location

Installation Procedure (continued)

6. Discard the original screws and O-rings removed.

7. Insert two O-ring seals (P/N M30405) provided in the kit into the two recesses of the Divan secondary vacuum relief valve.

8. Align the holes in the Divan secondary vacuum relief valve to the existing holes in the Breasy, and secure the assembly using four new Phillips head M4 X 10-DIN 965 screws (P/N 1315803) provided in the kit. See Figure 2.

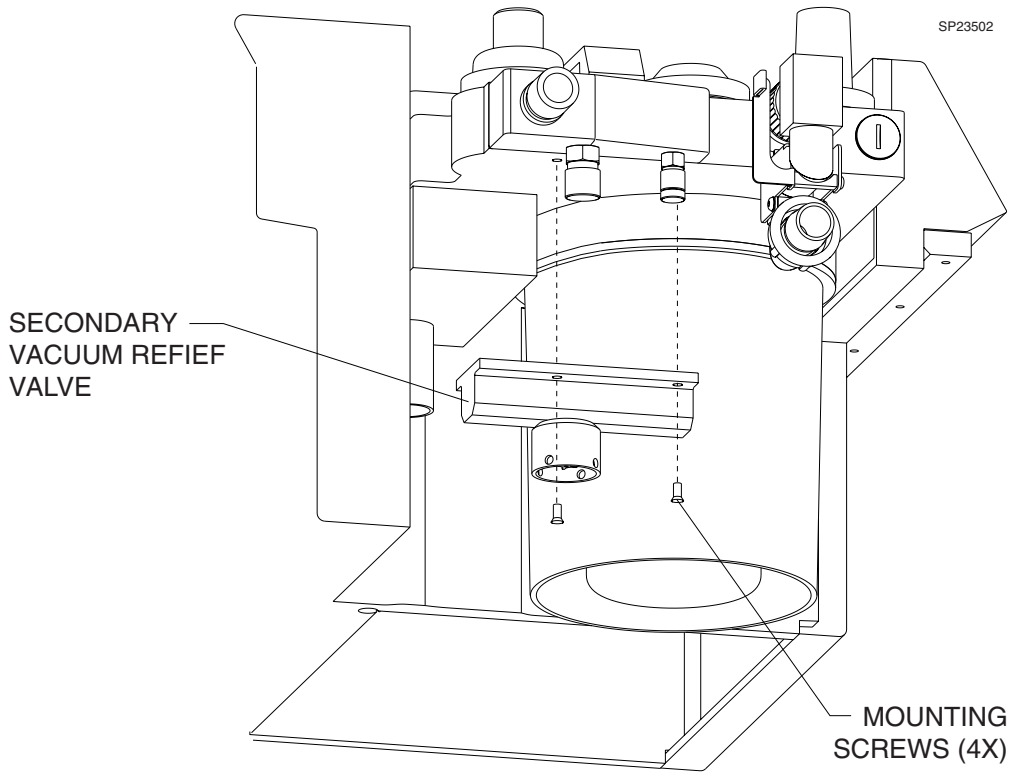

FIGURE 2. Relief Valve Installation

Installation Procedure (continued)

9. Reinstall the canister.

10. Reattach the fresh gas hose to the Breasy.

11. Reattach the 22mm hose to the Divan's breathing bag port.

12. Locate the Operator's Instruction Manual binder accompanying the machine, and insert the Secondary Vacuum Relief Valve Supplement (P/N 4117591) in the binder.

13. Contact Customer Service to obtain a Return Merchandise Authorization, and return the original gas channel block (PN SEM30416) to Draeger Medical, Inc.

Secondary Vacuum Relief Valve Testing:

1. Turn the System Power switch to ON and perform a Divan power up self-test. Verify the leak rate is still ≤ 100 mL/min.

2. Turn the System Power switch to STANDBY, then start the Divan in Service mode by pressing the left pad of the Standby button and the pad above it, while turning the System Power switch to ON.

3. Turn the knob to display "conf. valves" and press the knob.

4. Press the Pmax and Vt keys. The display should indicate "xxx110000".

5. Connect a test terminal (P/N 4104389) t the patient circuit Y-piece. Connect a suction squeeze bulb (such as a Riken aspirator) to the test terminal.

6. Connect a GAP Return adapter (P/N 411504) to the Breasy's GAP exhaust return port. Connect a calibrated test pressure meter to the GAP Return adapter.

7. Squeeze the suction bulb several times to develop a working pressure.

8. Verify a pressure of -25 to -45 cmH2O is displayed on the test pressure meter.

9. Remove the test equipment and connect the Y-piece to the 15 mm test plug, and turn the System Power switch to STANDBY.

10. Turn the System Power switch to ON. Press the Divan Standby key and wait for the system to complete its self-diagnostics tests.

Installation Procedure (continued)

11. Set the Divan to Manual/Spont mode.

12. Adjust the fresh gas flow to 10 L/min.

13. Build up a test pressure of approximately 30 cmH2O.

14. Depress the Secondary Vacuum Relief Valve's plunger (see Figure 3) and verify that the NM6000's monitor pressure waveform immediately drops to Zero.

15. Turn the System Power switch to STANDBY.

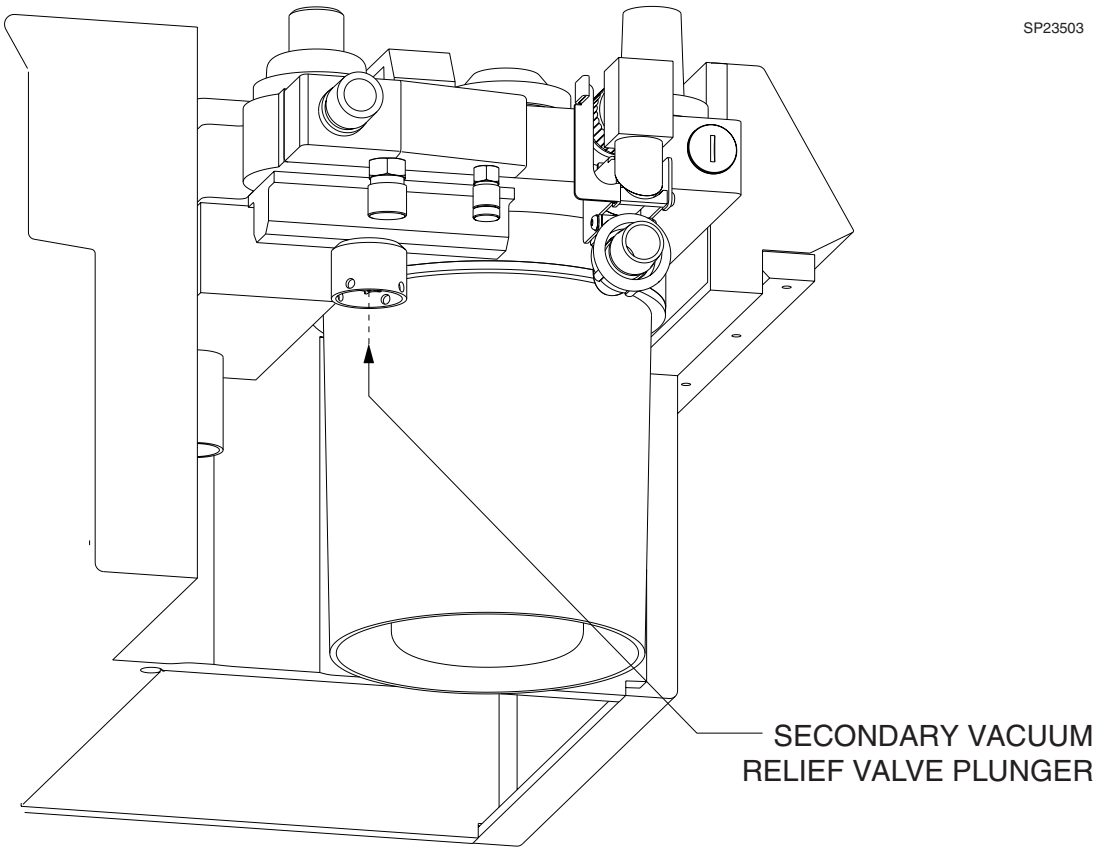

FIGURE 3. Relief Valve Plunger Location

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FIELD CORRECTION REPORT
NM6K DIVAN BREASY SECONDARY VACUUM RELIEF VALVE

After each modification is completed or confirmed as previously installed, the account demographics and machine's serial number shall be entered on the report. A technicians signature is also required on each report. Within 24 hours of completion of this report, it shall be faxed to 215-721-5784, or electronically scanned and e-mailed to horsfieldk@nad.com, or a copy of the report mailed to:

DrägerService
3122 Commerce Drive
Telford, PA 18969
Attention: Ken Horsfield

Hospital name: _____

Street Address: _____

City & State: _____

Zip Code: _____

S/N: _____ S/N: _____ S/N: _____ S/N: _____

S/N: _____ S/N: _____ S/N: _____ S/N: _____

S/N: _____ S/N: _____ S/N: _____ S/N: _____

S/N: _____ S/N: _____ S/N: _____ S/N: _____

S/N: _____ S/N: _____ S/N: _____ S/N: _____

TECHNICIAN:	**I.D.#**	**DATE:**

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RETURN TO CD-ROM TABLE OF CONTENTS

RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS
RETURN TO CD-ROM TABLE OF CONTENTS

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